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2005 INTENSIVE ANALYSIS PROJECT SUITE

MODELING, ANALYSIS, AND PREDICTION PROGRAM
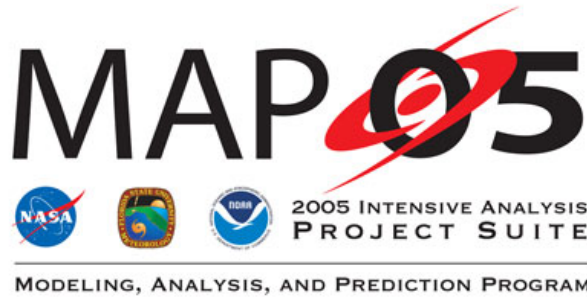
MAP 05 Bulletin Board Access Application

To apply for access to the MAP 05 intranet, you must PRINT this page, fill in the requested information, sign and date the form, and FAX it to Michael Seablom at 202-318-2386.

After faxing the form, please CALL Michael Seablom (301-286-8580) to notify him that your faxed application is coming.

Last name, First name:

_____

Phone number:

_____

E-mail address:

_____

*User id requested:

_____

*Your user id must be unique among MAP 05 Intranet users; usually your last name in combination with one or more letters of your first and/or middle name is sufficient, but you may also incorporate numbers or special characters. Note, however, that your user code may NOT contain the colon character (:).

†Secret word(s):

_____

†Your secret word(s) will be used by NCCS User Services to authenticate your identity over the phone before authorizing your final access or before assisting you with any problems you encounter with the Intranet. Choose a word or phrase that is easy for you to remember.

_____ _____
Your signature/Date

_____
Signature, Michael Seablom, SIVO Office Head & MAP 05 Campaign Manager/Date